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Macías Balda, Manuel

Veröffentlichungsversion / Published Version  
Zeitschriftenartikel / journal article

### Empfohlene Zitierung / Suggested Citation:

Macías Balda, M. (2016). Complex Needs or Simplistic Approaches? Homelessness Services and People with Complex Needs in Edinburgh. *Social Inclusion*, 4(4), 28-38. <https://doi.org/10.17645/si.v4i4.596>

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Article

## **Complex Needs or Simplistic Approaches? Homelessness Services and People with Complex Needs in Edinburgh**

Manuel Macías Balda <sup>1,2</sup>

<sup>1</sup> Academy of Government, University of Edinburgh, Edinburgh, EH8 9LD, UK; E-Mail: m.a.macias-balda@sms.ed.ac.uk

<sup>2</sup> School of Sociology, University of Guayaquil, Ciudadela Universitaria Salvador Allende, Guayaquil, Ecuador;  
E-Mail: manuel.maciasba@ug.edu.ec

Submitted: 12 February 2016 | Accepted: 20 June 2016 | Published: 20 October 2016

### **Abstract**

This research addresses how homelessness services from the statutory and voluntary sector are working for people with complex needs in the City of Edinburgh. Using a qualitative approach, it analyses the service providers' perspectives on the concept, challenges and what works when dealing with this group of people. It also explores the opinions of a sample of service users, categorised as having complex needs, regarding the accommodation and support they are receiving. After analysing the data, it is argued that homelessness agencies do not have an appropriate cognitive nor institutional framework that facilitates an effective approach to work with people with complex needs. The lack of a sophisticated understanding that recognises the relational difficulties of individuals and the presence of structural, organisational, professional and interpersonal barriers hinder the development of positive long-term relationships which is considered as the key factor of change. For this reason, it is recommended to address a set of factors that go beyond simplistic and linear approaches and move towards complex responses in order to tackle homelessness from a broader perspective and, ultimately, achieve social inclusion.

### **Keywords**

complex needs; complexity; homelessness; public policy; Scotland; social exclusion

### **Issue**

This article is part of the issue "Homelessness and Social Inclusion", edited by Isobel Anderson (University of Stirling, UK), Maša Filipovič Hrast (University of Ljubljana, Slovenia) and Joe Finnerty (University College Cork, Ireland).

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### **1. Introduction**

In May 2015, the Homelessness Prevention and Strategy Group (HPSG) of the Scottish Government circulated a document stating that:

"there is a renewed interest across the homelessness sector in Scotland about those individuals who are less likely to have benefited from [the establishment of strong legislative rights for homeless households in 2012 and the roll out of housing options in 2010]. This includes those who may have the most complex needs, who may be rough sleeping and have a history of substance misuse or mental ill health. These individuals are likely to be less engaged, for whatever rea-

son, with the services which may connect them to the housing rights and/or prevention activity available in Scotland". (HPSG, 2015, p. 1)

After reviewing different initiatives, policy options and pieces of research related to complex needs, the document concludes that:

"while the challenges raised by this issue are not new, the changed policy landscape...may offer fresh opportunities to address this....Consequently, in its role as the key strategic policy making group in Scotland, the Homelessness Prevention and Strategy Group may wish to address this issue as a key objective in its work plan in the coming year". (HPSG, 2015, pp. 5–6)

Alongside this, in recent years, voluntary sector organisations around Scotland have been emphasising the need for a refocusing of attention on multiple and complex needs in Scottish homelessness policy (Evans, 2014; Fitzpatrick, Pawson, Bramley, Wilcox, & Watts, 2015; Homeless Action Scotland, 2015). In response to the above factors, this research aims to explore how homelessness services from the statutory and voluntary sector are responding to people with complex needs in the City of Edinburgh. Its purpose is to provide evidence in order to contribute to the ongoing improvement of homelessness policy and services for people with complex needs across Scotland. To do so, this article will begin by reviewing previous research works focused on multiple and complex needs. Then, it will explain the research design selected to conduct it. Thirdly, it will present the findings based on the qualitative data collected from the service providers and users. After that, drawing on complexity, social exclusion and street-level bureaucracy theories, it will present a discussion and reflection of the findings. Finally, after stating the conclusions, it will outline some policy implications and recommendations that emerged from the data analysis.

### *1.1. Background*

As mentioned by the HPSG, interest and concern regarding people with multiple and complex needs is not new. There have been various pieces of research that have been carried out since the early 2000's in England (Keene, 2001; Rankin & Regan, 2004; Schneider, 2007). These studies have analysed the understandings and profile of people with complex needs; discussed the barriers and good practice in service provision; and outlined recommendations and models to suit better the needs of service users. In Scotland, concerns regarding people with complex needs became evident during the second half of the last decade after the Evaluation of the Rough Sleepers Initiative (Fitzpatrick, Pleace, & Bevan, 2005). Various authors that conducted literature reviews (Rosengard, Laing, Ridley, & Hunter, 2007; Gallimore, Hay, & Mackie, 2008, 2009) echoed the challenges and recommendations outlined in the research works aforementioned.

In recent years, qualitative and quantitative research provided more in-depth data about the nature and patterns of people categorised as having severe and multiple disadvantages or that face multiple exclusion in the UK (Bramley et al., 2015; Brown, Morris, Scullion, & Somerville, 2012; Fitzpatrick, Bramley, & Johnsen, 2012). Also, the evaluations from various pilots to address multiple and complex needs have added valuable insights (Battrick, Crook, Edwards, & Moselle, 2014; Cattell et al., 2011; Johnsen & Fitzpatrick, 2012; Johnsen & Teixeira, 2010). All this, plus the legislative changes [the abolition of the test of priority need] in 2012, the frontline experiences and the integration process of health and social care led to a re-emergence of the attention for people with complex needs in the public policy agenda in Scotland. In 2014, the

City of Edinburgh Council and the Glasgow Homelessness Network led different projects to improve the services for this group (Health, Social Care & Housing Committee, 2014; Evans, 2014). Both initiatives have contributed to enhance the understanding of the challenges ahead for homelessness services; however, there is still a general gap in knowledge regarding how services are working for people with complex needs in Scottish councils.

## **2. Research Design**

This research was conducted taking into account the aforementioned research gap, the policy interest of the HPSG, and what voluntary sector organisations have been advocating in favour of people with complex needs. Its general aim is to explore how homelessness services from the statutory and voluntary sector are responding to people with complex needs in the City of Edinburgh. To attain this, specific research questions were developed. These are:

- How do service providers understand and define people with complex needs?
- What are the challenges that service providers face in their work?
- What do service providers think works well when dealing with people with complex needs?
- What do service providers consider as the key factors that need to be addressed to improve the services?

Additionally, the research examined what reasons are behind the difficulty of engagement between service providers and people with complex needs; what would success look like for people with complex needs; and what would be the most appropriate models to work with this group in the future. Finally, it explored what a sample of people categorised as having complex needs think about the support and accommodation they are receiving from the homelessness services.

### *2.1. Approach, Strategy and Methods*

To address the pragmatically-approached questions of this research, a qualitative method and a case study strategy were used (Yin, 2013). First, the City of Edinburgh was selected as the fieldwork location because it has the second largest homeless population in Scotland just after Glasgow (Scottish Government, 2016; Shelter Scotland, 2015). For this reason, it has a variety of well-established service providers from the voluntary sector that are commissioned by the council. Additionally, through 'Inclusive Edinburgh' it has been developing a framework to work with people with complex needs and, at the time this research took place, was actively discussing how services were working and how they can be improved (Health, Social Care and Housing Committee, 2014, 2015). Second, service providers from the public and voluntary sector from the City of Edinburgh were chosen as the subjects

of study due to their direct involvement with people with complex needs and, from an analytical perspective, because they are the street-level bureaucrats (Lipsky, 2010) that are implementing the policies and services. Finally, service users categorised as having complex needs were also part of the study as they are directly affected by the service provision and, therefore, can speak about how homelessness services are working for them.

The participants were recruited based on purposive and snowballing sampling (Bryman, 2012). After mapping the homelessness agencies and inviting them to participate in the research project, a total of 35 service providers and 10 service users were recruited. Among the service providers were team leaders, directors of services, housing officers, homelessness prevention and assessment officers, caseworkers, support workers, and hostel managers from 14 public and voluntary organisations. The methods of data collection were semi-structured interviews, focus groups and documentary analysis. The data analysis was done using the thematic coding approach with the assistance of NVivo 10 software.

The research followed the ethical codes and guidelines established in different textbooks (Punch, 2014). Service providers were contacted, explained the purposes, aims and topics of the interview and assured that their participation would be anonymous, confidential and would not be representing the position of their organization. On the other hand, for service users, a Level 2 ethical clearance from the University of Edinburgh was needed, as they are considered a vulnerable population. For both groups, verbal informed consent was attained before the meetings took place.

Finally, regarding the limitations of the study, one was that after conducting an exhaustive literature search, it was noted that most sources on this topic are from 'grey literature', rather than scholarly books and journals. This reflects a limited theoretical approach regarding people with complex needs. Consequently, the main limitation was that as there is no single definition of people with complex needs in the literature, the sample of service users selected by the voluntary sector organisations for the interviews varied widely. In this sense, the participants were in different states of recovery and engagement with services. Therefore, not all of them were, at that moment, "chaotic", "hard to reach", "disengaged" or in a state of crisis. However, this also reflects the reality of how service providers categorise complex needs in their organisations and the state of the art of the topic.

### 3. Findings

#### 3.1. Definitions

It is interesting that, although almost all homelessness service providers from the public and voluntary sector affirmed that they work with people with complex needs, there is no written official definition of "complex needs" in any of their agencies. In general, organi-

sations have their own understanding about what complex needs means, which is correlated with their nature, interests and tasks. For example, for some providers from the public sector, complex needs would be "anybody that doesn't fit or could be excluded from mainstream services" (Statutory sector representative). On the other hand, for voluntary sector services, it would be "the 'standard definition' [because] we are to an extent bounded by the definitions of others because we are commissioned by the Local Authority" (Voluntary sector representative).

However, the most common understanding of complex needs in Edinburgh is having three or more interrelated issues like mental illness, substance misuse, physical disability and homelessness. This is the 'unofficial' definition used generically to describe and categorise people with complex needs. It is how the Council commissions services and refers people to homelessness agencies. In this sense, the commissioning team uses this 'unofficial' definition in order to contract services. This is why a service provider, for instance, stated that "money defines complex needs" (Voluntary sector representative).

Alongside, there are many other different understandings that practitioners have. For example, instead of focusing on the number—breadth—of issues, others consider that the severity—depth—is more important: "one need that is so deep, so entrenched, then to me it would be complex needs" (Statutory sector representative). Additionally, for some there is also an emphasis on the chaotic behaviour involved: "when they say complex needs, we are thinking of people with chaotic lifestyles" (Voluntary sector representative). And although, there is no agreement about the relationship between complex needs and chaos—if they come together or not—there is a tendency of considering challenging behaviour and being 'hard to reach' as central factors of the definition. In this sense, for example, some consider that being 'hard to reach' "is a need in itself" (Voluntary sector representative) or that "if you can turn up twice a week at the same time, at the same place, having done all the agreed tasks then you don't have complex needs" (Voluntary sector representative).

Another interesting perspective that emerged through the interviews is the one that understands complex needs as a problem of people's relational skills. Consequently, complex needs would be "a group of people whose fundamental human needs are probably no different from you and I, but the thing that is complicated is their capacity and ability to get those needs met" (Statutory sector representative). From this angle, the problem is not about the number of issues or their severity; instead, it is about their inability to cope with their issues or deal with the people and organisation that are set up to help them. As put by a practitioner, "[they] just have that general inability to sustain a kind of meaningful relationship. And that in itself is complex, I think". (Statutory sector representative).

As it can be seen, there are many understandings that, in a way, resemble the representation of this topic in academia, where there is not a consensus nor single definition about complex needs (Rosengard et al., 2007). This is why in the scholarly literature and professional reports, terms like “multiple exclusion homelessness”, “severe and multiple disadvantages”, “high support needs”, “dual diagnosis”, “multiple and complex needs” are used interchangeably to refer also to people with complex needs. Authors like Rankin and Regan (2004, p. 7), after stating that “on one level everyone has complex needs”, argued that is better to think of complex needs as a framework for understanding rather than as a specific definition. In the same manner, Stalker et al. (2003) concluded that apart from the lack of consensus, there is a surplus of meaning in use of the term “complex needs”.

### 3.2. Challenges

Apart from the differences in the understanding, there are many other structural, organisational, professional and interpersonal factors that service providers consider as barriers when working for people with complex needs. Among the structural factors, a lack of affordable housing and appropriate supported accommodation was pointed by all the interviewees across the sectors. This shortage generates that people with complex needs stay in Bed and Breakfasts which are largely assessed by research participants as inadequate due to its costs, low quality and absence of support. As a service user describes them: “Some are terrible. Some should be shut down....I wouldn’t send my mouse there, you know what I mean. Yeah, it’s not nice” (Service user, rough-sleeping). However, these are the places that they get because “in terms of complex needs, the biggest gap is challenging behaviour. There isn’t any place in Edinburgh that would be for challenging behaviours”. (Statutory sector representative).

Another structural challenge is funding, its mechanisms and incentives (Anderson, 2011; Evans, 2016; Rankin & Regan, 2004; Rosengard et al., 2007). As regularly happens, all service providers feel constrained by the reduction of human and economic resources in their agencies. However, apart from the cuts, the funding top-down approach and managerial principles generate other challenges for service provision at the street-level. For example, the fact that the budgets from the different social departments are intended to achieve single outcomes related to the purpose of the funding agency, limits a holistic approach to work for people with multiple and complex needs. In words of a provider from the voluntary sector, “we are funded by Services for Communities, so they are interested in housing people. Budgets are in silos, [and] they are interested in having housing outcomes” (Voluntary sector representative).

In the same way, there is a tendency to consider outcomes that are exclusively quantitative and easier to measure, although maybe not the most appropriate towards people with complex needs. As said by a practitioner,

“money and complex needs are notoriously difficult to put together because is so difficult to quantify the work that you are doing with somebody with complex needs and pin it into a box that can be ticked” (Voluntary sector representative). Furthermore, the commissioned agencies get paid by the appointments kept with these clients who, in general, are hard to engage. “Can you imagine being paid hourly to engage with someone who is going through chaos? It doesn’t work” (Voluntary sector representative). This funding mechanism creates disincentives to practitioners and voluntary agencies to work with people with complex needs because their financial interests are at risk and, consequently, a cherry-picking of less vulnerable clients is more prone to take place.

Further, there are other organisational regulations that negatively affect the outcomes for service users. Firstly, for the majority of service providers, a central barrier is that the current timeframe—6 to 12 months—to work with people with complex needs is too short. “Clients find it really difficult to engage consistently and a longer time is essential to get them on board” (Statutory sector representative). In this sense, the time limitations inhibit the development of a relationship between the service providers and the service users. Secondly, an important organisational difficulty is the coordination and integration among agencies from the public sector. This is related to the funding mechanisms and incentives but also touches upon a cultural bureaucratic characteristic known as a ‘silo mentality’. The following case illustrates this situation:

“This was a person [with complex needs] that no one thought that would get into accommodation. He stayed 24 months, so they told him: ‘You have to leave. Not because your behaviour is bad but because it is temporary and you have to go’....And there were some people from the NHS and the Council saying ‘yes, and we funded that housing and you, NHS, made those savings, but you didn’t give us any money’. And there lies the problem”. (Voluntary sector representative)

As it can be noted, this kind of behaviours hinders the necessary coordination and integration that is already difficult due to the different professional backgrounds, understandings and languages that exist among the housing, health and social work agencies.

These cultural and behavioural factors add to the list of other professional challenges that are also encountered by service providers. Among practitioners from the statutory and voluntary sector, there seems to be dissatisfaction regarding their working conditions like, for example, the perceived lack of recognition and appreciation by the organisations with respect to the work that frontline staff do daily with people with complex needs:

“— Just let me be absolutely clear. Staff need to be paid more and respected more by the statutory bodies for

the fact that we essentially subsidise their services”.

“– Yes. We subsidise social work services doing what we do, which is harder, nastier...more traumatic”.

“– Just for the end, because it’s true....It takes quite a lot of knowledge and experience to work with the real chaotic, complex needs people we are talking about....And if you continue to chip away at the pay, at the respect you are given as a practitioner, you will lose those people. An example is probably me. If my pay in real time decreases much more, why would I be here? And that is an issue. You pay peanuts, you get monkeys”. (Voluntary sector representatives)

From another angle, there is also a negative emotion that generally affects service providers across statutory and voluntary sectors: “The frustration’s at the job, that is, not frustration about the client. It’s just sometimes frustrations about...that we can’t, you know, kind of get there with people” (Statutory sector representative). This discontentment is extremely important as it may contribute to the generation of occupational burnout among practitioners. Even more, it may affect the service provision that heavily relies on their abilities, motivation and well-being.

Probably the central interpersonal challenge found among service providers, is the difficulty to engage and establish positive relationships with people with complex needs. There are two elements that help to understand this situation. First, to build trust among practitioners and clients is complicated due to the time limitations described before. Second, “people with complex needs have huge trust issues” (Statutory sector representative). This lack of trust is generally attributed to service users’ traumatic experiences and different types of abuse in the past. The majority of practitioners agree that “most of the problems that we perceive in engagement relates to, broadly speaking, the traumatic psycho-social history of the people we are working [with]” (Statutory sector representative).

Lastly, the ‘challenging behaviour’ presented by people with complex needs is also considered an obstacle to relations with services. A number of practitioners agree that their behaviour is a defence mechanism and a way of coping with their lives. “It might be scary for them to get out the lifestyle they are used to” (Voluntary sector representative). Additionally, some practitioners interpret this way of being and relating as their ‘normality’ because “they don’t know how to be any other way” (Statutory sector representative). This is taken further when it is affirmed that “it’s also like a....I don’t want to use the word career, but it is a career. ‘This is what I do. I am sick’” (Statutory sector representative). However, it is recognised that “they are not trying to stay sick. They just don’t know how to get better. Which is a different thing. I think there is no cynicism...[although] it is a possibility” (Voluntary sector representative).

As it has been described, there are a number of challenges of different nature when working with people

with complex needs. Some of them are common with the ones that have been identified in previous research works (Anderson, 2011). Overall, they represent the complexity of the interactional reality between service providers and people with complex needs, as well as the different structural, institutional, organisational, cultural and behavioural elements that shape this relationship.

### 3.3. What Works

“What has worked well when working with people with complex needs?

– Long-term relationship.

– Time.

– Trust.

– Long-term relationship...Our team used to work long-term with people...and we were able to be very creative...” (Voluntary sector representatives)

These ideas were echoed in all the interviews with the service providers from the public and voluntary sector. Although, nowadays practitioners state that they do not have enough time to develop long-term relationships, the absolute majority of them agreed that building relationships and trust with the people with complex needs is a key factor:

“The number one, most important thing is always the relationship between you and another person. So, if you can develop a relationship or if the resident develops a relationship with a support worker, that can change things enormously for them in any direction. So, if you don’t have that relationship, I think it is more a ticking boxes exercise. But if you establish a relationship, I just think it gives you a good basis for addressing other needs”. (Statutory sector representative)

Hence, relationships are considered a transformational tool that allows service providers to identify and work on the other issues that are affecting the individuals. But, what do these relationships entail? Practitioners think that having a balance between strong boundaries and flexibility is the key: “We always say that you are not a friend, you are supporter...you are a helper. You are not a friend....There has to be boundaries. However, it’s got to be done...and in a manner...the same skills that you use with your friends, possibly, are used to work” (Voluntary sector representative). This perspective is generally shared among service providers, adding that it is important to be empathetic, tolerant to some behaviours, flexible with missing appointments and show that you are genuinely committed to help.

Likewise, when people with complex needs are asked what they appreciate the most from the support they tend to mention similar qualities: “Like I said, they are really friendly. They take their time to listen to you...how you’re feeling. Always take your needs into consideration. They always put you first” (Service user, supported ac-



commodation). In this manner, having a constant trusted worker that deals with the particular client along the process—case-ownership—is deemed as a very positive factor to develop a better relationship. Similarly, the proactive outreach model, in which the caseworkers go wherever the clients are without expecting them to approach the services offices, is seen as effective by service providers. Although, this approach generates certain cautions among practitioners because it blurs the boundaries between them and the clients.

These practices require considerable discretion due to the unpredictability of service users with complex needs and chaotic lifestyles. Interestingly, based on the data collected, this is more likely to happen with services that are not commissioned by the Council and, therefore, are not bounded to achieve specific outcomes asked by the funders. This frees providers to work more creatively and focus on the “small things” that have a positive impact on the relationship and in the recovery of people with complex needs. In this line, service providers generally agree that it is really useful to “to do little things that make them feel they can do well or be successful at some things” (Voluntary sector representative). These small things could include going to cultural activities, sport events or basically any other activity that helps them to become more confident and increase their self-esteem.

Further, these approaches generally match with the best practices identified previously by different authors. For example, Schneider (2007, p. 35) identified that the most effective services would include “individualised case management; assertive outreach; integrated, multi-disciplinary team working; crisis resolution; day hospital care; engagement with therapeutic communities/residential rehabilitation”. At a strategic level, authors like Rankin and Regan (2004, p. 26) proposed a service based on the recognition of whole needs; single point of entry to health and social care services; creative whole systems services; and user empowerment. From a more operational perspective, Rosengard et al. (2007) and Gallimore et al. (2009), who conducted literature reviews on this topic, pointed to proactive outreach, link workers, locally pooled and personalised budgets and initiatives to overcome access difficulties.

After reviewing what service providers and different researchers identify as best practices, it becomes evident that what has worked well when dealing with people with complex needs is a relational approach. This is in itself complicated, due to the uncertainties and difficulties in ‘assessing’ how good, bad, helpful or unhelpful relationships can be. In this way, “nobody wants to pay you to build a relationship with somebody ‘cause it seems the wishy-washy bit of it. But it’s not. It’s the crucial part. It doesn’t work...it wouldn’t work if we wouldn’t have the relationship” (Voluntary sector representative). This is, maybe, why a change of paradigm in how we understand reality and homelessness is necessary to successfully address these cases.

## 4. Analysis and Discussion

### 4.1. Complexity and Simplicity

Complexity is a term that can be used too lightly. It is intended to elucidate, but “usually means confusion and uncertainty” (Morin, 2005, p. 1). When we refer to people with complex needs it seems that this is particularly the case. It is a problematic concept among service providers that aims to characterise people that are too complicated. Complexity is polysemic and its meanings depend on the field of knowledge in which it is being used; this is why Holland (2014, p. 3) states that it does not have a rigorous definition. The Merriam-Webster dictionary defines ‘complex’ as a “whole made up of complicated or interrelated parts” and ‘complicated’ as “hard to understand, explain or deal with”. In this sense, when we label someone as having complex needs, maybe what we are meaning is people we don’t understand, can’t explain and don’t know how to deal with.

However, in our search for clear answers, we try to simplify the complex reality. This could be understood because historically our scientific approach to knowledge has been based on a paradigm of simplification (Morin, 2005). In this way, based on the principles of reduction and disjunction, we try to reduce and divide the complexity of a whole to try to understand it but without recognising the relationship and unicity of the parts and the whole. Consequently, when we approach people with complex needs, we are trying to determine and address the different elements but losing the connection with the whole. Also, we look for definitions that suit our—or the services’—abilities and our capabilities to measure them. For this reason, in the policy sphere there is a dominant quantitative understanding of what complex needs is and who people with complex needs are.

To really understand and serve this group of people, a new paradigm is needed. As a practitioner stated during the fieldwork for this research, “we are all complex and we all have needs”. People are complex, services and organisations are complex, their interactions are complex. There is a need to embrace that complexity instead of trying to simplify it and, perhaps because of that, misunderstand it:

“Complexity requires that one tries to comprehend the relations between the whole and the parts. The knowledge of the parts is not enough, the knowledge of the whole as a whole is not enough, if one ignores its parts; one is thus brought to make a come and go in loop to gather the knowledge of the whole and its parts”. (Morin, 2005, p. 6)

Complexity is not just multiplicity. In this sense, having a number of symptoms is not what defines the complexity of people. As one service provider put it “we have met multiple needs clients that may have addiction issues

and challenging behaviour issues and things like that but I don't think that necessarily makes a person complex" (Statutory sector representative).

So, how can we understand complex needs? Firstly, by acknowledging that human beings are complex and that complexity does not equal a multiplicity of needs. Therefore, we must seek another form of understanding that helps to illuminate, not to obscure the reality. For this, a turn to a paradigm of complexity (Morin, 2005) that is non-linear and based on the principles of distinction and conjunction seems more adequate. When applying complex thinking, we would aim to analyse the single issues that the individual presents, but also their relations with the whole. As stated by Pycroft and Bartollas (2015, p. 23), "this is the basis of a whole-systems approach: that it is the behaviour of the overall system rather than the individual parts of the system that needs to be the focus of inquiry".

For this, it is important to look beyond the symptoms and holistically assess individuals in relation to their selves and their communities. Also, it implies that we need to move away from "the confident assumption...that a simple relationship exists between cause and effect in a system that can be understood by reducing it into its component parts" (Kernick, 2006, p. 385). Perhaps a common language that emerges from the wider concept of homelessness and social exclusion is needed to develop this framework of understanding.

#### 4.2. Homelessness and Social Exclusion

What is the difficulty for service providers working with people with complex needs? Apart from understanding them, what makes it more challenging is the difficulty in dealing with them. From the service providers' perspective, this group of people are sometimes 'hard to reach' and chaotic. This lack of engagement is mostly seen as an additional problem that they have and that is explained by different personal and interpersonal factors attributed to the individuals. However, perhaps, it is the central issue that must be understood and addressed when working with them. In a way, people with complex needs may have, at the core, relational difficulties. This problem is manifested in how they relate with public services and front-line staff: "the problem is in how he engages with the services. He was engaging in a way that you find problematic" (Statutory sector representative).

But, at a deeper level, the issue is how people with complex needs relate with themselves, their families, their friends, the law, the authority and how they relate with substances such as alcohol and drugs. In this manner, when we refer to people with complex needs, we may have to understand them as *disengaged*: disengaged from themselves, from their social networks, from their communities. In other terms, as *homeless* understood as "a condition of detachment from society characterised by the absence or attenuation of the affiliative bonds that link settled persons to a network of inter-

connected social structures" (Caplow, Bahr, & Sternberg, 1968, p. 494) and socially excluded. It is not only about that they are houseless, substance misusers, mentally ill and don't engage. It is about "the rupture of relationships between people and the society in which they live" (Mathieson et al., 2008, p. 13); it is about the relational difficulties that are affecting different layers of their lives and the way that they deal with them. In this sense, and still relying on complexity theory, it is on the emergent behaviour (Holland, 2014)—*the emergence of disengagement*—that we have to focus on. And that is going beyond the sum of the parts—the specific and evident needs—and trying to understand the emergent property—disengagement—of the complex whole—the individual.

As said by a service provider, "for the majority of our clients, the biggest issue that they face on life, is that inability to be in relation to other people. That is the single biggest issue...and homelessness is just a symptom of something far deeper" (Statutory sector representative). Hence, any approach to work with them must primarily address the reasons behind their disengagement that is preventing them getting their needs met by existing universal services. The objective would be to re-engage them with the multiple dimensions that make up their lives, with the services that can help them on their single issues, and ultimately with society; that is, to socially include them. This implies working with a broader vision of what the problem is and avoiding narrow conceptions that lead to 'silos' among providers.

#### 4.3. Managerialism and Street-Level Bureaucracy

In Scotland, the complexity of homelessness has been recognised (Scottish Executive, 2002), but the services addressing this issue have been constrained by the current institutional framework of the public sector. In this sense, service providers, following a housing provision and medical model, are addressing more the symptoms than the roots of the problem. They have tried to simplify the complexity of homelessness, instead of embrace it. This is the reason why, for people with complex needs who are disengaged and socially excluded, services usually don't offer what they need. Generally, services are not designed for the disengaged, for the socially excluded or for people with relational difficulties. There are good traditional single-issue services for the substance misusers, the mentally ill and the houseless. But the services are not designed to relate with people that escape those categories.

In this way, service providers also have relational difficulties. It is not that people with complex needs are the problem because they don't engage. It is that the institutional environment restricts the way services can work and relate effectively. Firstly, there is an administrative model, the 'new public management', which emphasises the command and control of frontline staff and an outcomes-focused service. This managerial model,



inspired from a business culture (Evans, 2010), generates different incentives that affect negatively the quality of services offered. Namely, the focus of achieving outcomes that may not be suited for people with complex needs, and the restriction of the necessary professional discretion that front-line staff need to work more creatively and respond to the uncertain nature of the client group.

In addition, based on the data collected, the lack of a sophisticated understanding of the problem—what complex needs is—leads to linear approaches that are simplistic. Therefore, they are not the most appropriate nor often realistic for the service users. Numerical and traditional ‘hard’ outcomes are asked of service providers as measures of success. For this reason, ‘soft’ outcomes that are difficult to measure—such as building relationships or increasing resilience—are disregarded. This generates two perverse dynamics. The first is that the commissioned organisations and their frontline staff are forced to choose between their financial interests and their clients’ well-being. The second is that service providers are incentivised to work with the clients that are more prone to achieve these outcomes; and people with complex needs may be excluded once again. Regarding this situation a practitioner stated that “it happens all the time. All the time” (Statutory sector representative).

The other problem that the managerial model generates is the reduction of professional discretion. Unlike Lipsky’s (2010) analysis of street-level bureaucracy where workers retain discretion despite managerial efforts to control it, funding mechanisms exercise effective constraints towards the freedom of practitioners that work with people with complex needs. This is particularly important in complex needs cases due to the flexibility and creativity needed to counter disengagement and mistrust that characterise this group. Although practitioners still have considerable discretion to select who is considered as having complex needs—maybe because there is not a clear definition—, they are bounded by the appointments system, the duty to achieve outcomes and by the time regulations in their role as supporters.

However, it is important to make clear that, following Evans’ analysis (2010), the reduction of professional discretion is not linked to the relationship between frontline managers and staff. In this sense, it is not about a conflict between the frontline managers and practitioners as it has been argued in previous studies about street-level bureaucracy. As Evans (2010) suggests in his research, there has to be a differentiation between management levels. In the case of the City of Edinburgh, as frontline managers and staff share a professional background, the reduction of discretion is more linked to the funding mechanisms and the way services are commissioned. That is, the reduction of professional discretion is not generated by direct line management controls, but due to the higher management levels of the bureaucratic structure.

## 5. Conclusions

This research has presented data on how homelessness services from the statutory and voluntary sector work for people with complex needs in the City of Edinburgh. As it has been demonstrated throughout the article, there are different factors that affect the way services work in these areas. On one side, the lack of an official definition and sophisticated understanding of complex needs, creates a climate in which the services being offered do not respond to the complexity of this group of service users. On the other side, there is a set of factors that constrain the development and implementation of an appropriately complex approach for people with complex needs. At the moment, the simplistic, linear approach was found to dominate service provision.

Having said that, it is important to make clear that the issue is not that service providers don’t know how to deal with people with complex needs. They know that relationships work and that service users have psychosocial problems linked to a past of complex trauma that must be addressed first. The problem is that there isn’t an institutional framework that allows services to work effectively with people with complex needs. The way services are set up constrains the relationship building process that is needed. At the moment, people with complex needs are being processed mainly as houseless, substance misusers or mentally-ill. There is not a place or service for people with relational difficulties, for the disengaged, for the homeless -in the broad sense- or for the socially excluded.

For these reasons, it is not the people with complex needs that we should focus on, rather the services and the institutional framework that shapes them. It is not only the disengagement of people with complex needs that we need to worry about, but the barriers and difficulties that services face to engage properly with this group of service users. It will be necessary to go beyond simplistic and linear approaches and move towards complex responses. Ultimately, the design of the institutional framework needs to change in order to enable long-term relationships between caseworkers and people with complex needs and tackle their social exclusion.

## 6. Policy Implications and Recommendations

For successful policy design and implementation, there has to be a well-defined policy issue. The way policy-makers and practitioners understand a problem, shapes the way it will be addressed and the institutional framework that will support it. Through the interviews conducted in this research, factors of change have been identified. There is a need to address these factors in order to enable a relationship-based approach, serve effectively people with complex needs and tackle homelessness from a broader perspective.

## 6.1. Key Factors of Change

### 6.1.1. Common Definition and Understanding

It is important to develop a common understanding of what complex needs means among service providers from the public and voluntary sector. Based on the findings and analysis, it is recommended that a definition that goes beyond the number of issues and that focuses on the relational skills of the individuals should be adopted. One interesting method to identify potentially service users with complex needs is the 'Chaos Index' used by, amongst others, the New Directions Team Assessment in the London Borough of Merton (Rinaldi, Linnell, & Clenaghan, 2008).

Although the label is secondary to the real understanding, 'complex needs' is a term that may not be clear enough, stigmatizes the individuals and doesn't facilitate the construction of a common language. Therefore, the replacement of this term by another such as "multiple exclusion homeless" should be discussed and considered.

### 6.1.2. Joined-Up Approach and Coordination

At a strategic local level, it would be desirable to establish a single manager that can coordinate the different statutory and voluntary agencies involved with people with complex needs. This would be more effective in terms of overcoming the silos existing in the funding and in organisational culture.

At an operational level, the model of the link worker that helps the clients to navigate the social services and homelessness system has proven to be successful. This approach is recommended as it is based on building positive relationships with the clients and overcome the different institutional barriers that can exist among services.

### 6.1.3. Appropriate Support and Accommodation

Based on the interviews conducted in this research, the majority of service providers thought that long-term supported accommodation is probably the best option for people that show difficulties in engaging and lack housing. At the moment, there isn't an adequate supply of this type of accommodation and the options available tend to have time limits on occupancy that are not sufficient to form relationships and work with people with complex needs.

In addition, it is suggested that the homelessness agencies from the voluntary sector that offer different types of accommodation and support consider the model of the psychologically-informed environments (Keats, Maguire, Johnson, & Cockersell, 2012) as a new approach to working with people with complex needs.

On the other hand, it is important to consider the Housing First model as another alternative for people with complex needs. This is a model that currently is regarded by academics and researchers (Busch-Geertsema, 2014; Johnsen & Fitzpatrick, 2012; Johnsen & Teixeira,

2010) as the best option to address homelessness. Overall, it has had positive results in various cities with groups of homeless people of different levels and types of needs. However, it is important to recall that if an alternative understanding of complex needs is adopted, as the proposed in this article, it remains to be seen whether the Housing First model is the most appropriate option. Especially, taking into account the generalized shortage of affordable housing and accommodation (Shelter Scotland, 2015), the eligibility criteria, and the incentives it could generate.

### 6.1.4. Time and Flexibility

Building a trustful relationship takes time. For this reason, it is necessary that timeframes to work with people with complex needs be extended. According to practitioners interviewed for this research, a period of at least two years is required to work towards the recovery of people with complex needs. Accordingly, it is suggested that any approach with this client group should consider this length of time.

As people with complex needs struggle with engagement, there is the need to consider that their way of relating with services may be irregular. In this sense, being flexible towards missing appointments, challenging behaviours and unaccomplished tasks is essential.

### 6.1.5. Softer Outcomes

It is recommended that the commissioning team from the councils and other funders redefine the outcomes according to the conditions and capabilities of people with complex needs. The objective is to eliminate the current conflict between the outcomes that organisations have to achieve in order to get funded, and the ones that the service users consider helpful to work towards.

### 6.1.6. Training and Support for Staff

Front-line workers should be introduced or further trained in the management and sustaining of therapeutic and transformational relationships. The training package developed by St. Mungo's Broadway in London (Keats et al., 2012) could serve as a reference to be considered.

Due to the level of emotional stress that relationships with people with complex needs can bring to practitioners, reflective practice sessions should be introduced to support front-line staff and try to prevent or reduce occupation burnout.

## 6.2. Prevention and Early Intervention

Previous research (Bramley et al., 2015; Fitzpatrick et al., 2012) has shown that people with complex needs had frequently experienced child abuse, domestic violence and poor experiences at school, such as truancy and bullying. In the same line, in Scotland, one of the main fac-

tors that trigger homelessness is relationship breakdown (Tabner, 2013; Shelter Scotland, 2015). Therefore, it is fundamental to work more closely with the educational system and those that support families and youth. In this sense, there are some actions that are recommended to contribute to the prevention of complex needs:

- Enhance coordination between homelessness agencies and schools in order to identify and support students that have a history of truancy and exclusion.
- Put in practice support services as mentoring, mediation and befriending in order to strengthen the social networks (Tabner, 2013) among young people at risk or presenting in the homelessness agencies of the City of Edinburgh.

### Acknowledgments

I would like to thank the Ecuadorian Secretary of Higher Education, Science and Technology (SENESCYT) for awarding me a scholarship to study the Master of Public Policy program at the University of Edinburgh. Also, I would like to thank Shelter Scotland and its policy team for all the institutional support given throughout this research project. Special thanks to Emma Dore who supervised all the process and was a key advisor during the design and implementation of the project. Additionally, I would like to thank various academics who helped with comments, insights and questions during different stages of the research. Especially to Prof. Richard Freeman and Prof. Andy Thompson from the University of Edinburgh, and to Dr. Beth Watts and Prof. Sarah Johnsen from Heriot-Watt University. Finally, I would like to thank all the homelessness service providers from the statutory and voluntary sector from the City of Edinburgh, as well as all the service users who participated in this project. Thanks to their time, willingness and knowledge this research was possible.

### Conflict of Interest

This article is adapted from the report of a larger piece of research elaborated for Shelter Scotland's policy team. Apart from that, the author declares no conflict of interests.

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## About the Author



**Manuel Macías Balda** is a Master of Public Policy from the University of Edinburgh. He worked four years in different positions related to social and political research and analysis in the Ecuadorian government. Also, he was part of the research and strategic prospective department at the Advanced Studies National Institute (IAEN) in Ecuador. Currently, he is lecturer in research methods and research coordinator of the School of Sociology at the University of Guayaquil.